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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>			Docket Number (Optional) 61842CIP(51035)	
Application Number	10/805,876-Conf. #9875	Filed	March 22, 2004	
For PESTICIDE AND FUNGICIDE TREATMENTS MADE FROM HOP EXTRACTS				
Art Unit	1615	Examiner	N. S. Levy	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	Fee	\$65	\$ 65.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	Small Entity Fee	\$245	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	Fee	\$555	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	Small Entity Fee	\$865	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	Fee	\$1175	\$ _____
<p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1105</u>.</p>				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
I am the	<input type="checkbox"/>	applicant/inventor.		
	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71.		
		Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
	<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number <u>55,289</u>		
	<input type="checkbox"/>	attorney or agent under 37 CFR 1.34.		
		Registration number if acting under 37 CFR 1.34		
<u>/Melissa Hunter-Ensor, Ph.D., Esq./</u>			January 19, 2010	
Signature			Date	
<u>Melissa Hunter-Ensor, Ph.D., Esq.</u>			(617) 517-5580	
Typed or printed name			Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
<input type="checkbox"/>	Total of <u>1</u> forms are submitted.			